

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	S-A-9	108361	4/4/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		108361	2/3/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

Rejected  N \_\_\_\_\_  
 Allowed  I \_\_\_\_\_  
 - (through numerals)... Canceled  A \_\_\_\_\_  
 Restricted  O \_\_\_\_\_  
 Non-elected   
 Interference   
 Appeal   
 Objected

Claim	Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet(s) re

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